

Dr med. Jonas Stemmle

FMH specialist in eye diseases FMH specialist in ophthalmic surgery FEBO Fellow of the European Board of Ophthalmology

Augenarzt-Praxis Stemmle

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Patient label

Questionnaire: personal vision habits and preferences

1. Do you wear a visual aid	d?	☐ Yes	🗆 No		
If yes, what kind of visua	al aid do you wear?	☐ glasses	Contact lenses		
What activities do you r	need a visual aid for?	? (multiple answe	ers possible)		
driving		C	working on computer mobile		
reading/writing			phone handicrafts		
reading the price tags when shopping					
other:					
2. What is your occupation	n? / What occupatio	n did you have ii	n the past?		
3. What hobbies do you p	ursue regularly? (mu	ultiple answers p	ossible)		
reading	working on computer	painting	g 🗌 hunting		
watching TV	cooking	🗌 golf	shopping		
cycling	handicrafts	🗌 other: _			

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4. Do you drive a car re	gularly?	☐ Yes	🔲 No				
If yes, when and how often do you drive?							
During the day: At night:	frequentlyfrequently	occasionallyoccasionally		ldom Idom			
5. Do you work on the computer for more than 3 hours a day?							
☐ frequently	occasionally	🗖 never					
6. How important is it to	o you not to have to	wear glasses in everyd	ay life?				
7. Would you like to be	able to read without	glasses after cataract	surgery?				
8. How would you descu On the following scale,		t the point that most cl	osely matches	your			
personality:				,			
← tolerant			perfectio	> onist			

Thank you very much for your information!